

PATENT NUMBER

M.S.	O.I.P.E.	PATENT DATE
SCANNED <i>AKMP</i>	Q.A. <i>417</i>	

APPLICATION NO. 09/784645	CONT/PRIOR D	CLASS 435	SUBCLASS 6	ART UNIT / 1645	EXAMINER Forman
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TITLE	APPLICANTS
1. <b>Chairman</b>	1. <b>Mr. J. H. ...</b>
2. <b>Vice Chairman</b>	2. <b>Mr. J. H. ...</b>
3. <b>Secretary</b>	3. <b>Mr. J. H. ...</b>
4. <b>Treasurer</b>	4. <b>Mr. J. H. ...</b>
5. <b>Member</b>	5. <b>Mr. J. H. ...</b>
6. <b>Member</b>	6. <b>Mr. J. H. ...</b>
7. <b>Member</b>	7. <b>Mr. J. H. ...</b>
8. <b>Member</b>	8. <b>Mr. J. H. ...</b>
9. <b>Member</b>	9. <b>Mr. J. H. ...</b>
10. <b>Member</b>	10. <b>Mr. J. H. ...</b>
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94. <b>Member</b>	94. <b>Mr. J. H. ...</b>
95. <b>Member</b>	95. <b>Mr. J.</b>

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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) (Date)		<b>NOTICE OF ALLOWANCE MAILED</b>	
<input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____ _____ _____	_____ (Primary Examiner) (Date) ✓		<b>ISSUE FEE</b>	
			Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	_____ (Legal Instruments Examiner) (Date)		<b>ISSUE BATCH NUMBER</b>	

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